

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****PETITION TO RESCIND
LICENSE SUSPENSION****CASE NO.**

Court address

FAX no.

Court telephone no.

Plaintiff's name, address, and telephone no.

☐ Licensee

Licensee date of birth

Licensee social security no.

Licensee driver license no.

Licensee occupational license no.

Attorney:

v

Defendant's name, address, and telephone no.

☐ Licensee

Attorney:

1. On _____ an order was entered suspending the license(s) of the above named licensee.
Date

2. Based on

- ☐ a stipulation between parties,
☐ an agreement with the payer/licensee,
☐ full payment of the arrearage,
☐ file inactivated or closed by Friend of the Court,
☐ licensee has demonstrated a good faith effort to comply with a make-up parenting time order,
☐ other _____,

I request the court to rescind the order suspending license.☐ 3. I further request the court to enter an order for payment of the arrearage as agreed.☐ 4. I further request the court to enter an order for make-up/ongoing parenting time.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this petition on the parties by ordinary mail addressed to their last known addresses.

Date

Signature